**Jewelers Mutual**
INSURANCE COMPANY
24 Jewelers Park Drive P.O. Box 468 Neenah, WI 54957-0468 USA
800-558-6411 • Fax 920-725-9401 • www.jewelersmutual.com

# Authorization for: Automatic Account Withdrawal/ Debit or Credit Card Charge

*To authorize automatic premium withdrawals from your savings or checking account or premiums charged to your credit card, you must do the following:*

- **Complete the appropriate section.**
- **Sign and return to:**
  Jewelers Mutual Insurance Company
  Attn. Accounts Receivable
  24 Jewelers Park Drive
  Neenah, WI 54956
  **Or fax to:**
  Fax number: **920-969-7201**

I authorize Jewelers Mutual Insurance Company and the financial institution listed below to initiate electronic withdrawals, debits, or charges for my insurance premium. This authority will remain in effect until I have cancelled it in writing.

**Name of Authorizing Account Holder** (PLEASE PRINT): _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Day phone number: _____ Policy number: _____

## Automatic account withdrawal

☐ Checking (attach a voided check) or ☐ Savings (attach a pre-coded deposit slip)

Financial institution/branch name: _____

Financial institution street address: _____

City: _____ State: _____ Zip Code: _____

Financial institution routing number (between these symbols ⑆ ⑆ on the bottom left of your check)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Account number (to the right of the routing number)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |

**Note**: Please verify your routing and account numbers with your financial institution. Many deposit slips and some checks contain internal audit numbers rather than the actual routing or account numbers. You are responsible for the number provided on this form.

**- Or -**

## Debit or credit card charge

☐ Credit card or ☐ Debit card ☐ American Express
☐ Visa ☐ Mastercard ☐ Discover

Card number: _____ Expiration Date: _____ / _____

_____ _____
Signature of account holder Date